

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|------|
| FEE DETERMINATION         |          |        |      |
| O.I.P.E. CLASSIFIER       |          |        |      |
| FORMALITY REVIEW          |          |        |      |
| RESPONSE FORMALITY REVIEW |          |        |      |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim    | Date       |
|----------|------------|
| Final    |            |
| Original |            |
| 1        | ✓ 1/3      |
| 2        | ✓ 3/24/83  |
| 3        | ✓ 12/13/83 |
| 4        | ✓          |
| 5        | ✓          |
| 6        | ✓          |
| 7        | ✓          |
| 8        | ✓          |
| 9        | ✓          |
| 10       | ✓          |
| 11       | ✓          |
| 12       | ✓          |
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| 14       | ✓          |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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